

JUN 24 2005

WEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/651,055
	Filing Date	August 28, 2003
	First Named Inventor	Rahul MITAL
	Group Art Unit	3748
	Examiner Name	Diem T. Tran
Total Number of Pages In this Submission	Attorney Docket Number	8317-18/FG-4476-CON

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form <input checked="" type="checkbox"/> Amendment Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure (please identify below) <input type="checkbox"/> Return Receipt Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	June 24, 2005	

Certificate of Mailing			
I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: June 24, 2005			
Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	June 24, 2005

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FAX No. 317 637 7561 JUN 24 2005 P. 002

WEMM/USB/17 (12/04)
OMB 0851-0032
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FEE TRANSMITTAL FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4919).

☐ Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$)**950.00**

Complete if Known

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Filing Date	August 28, 2003
First Named Inventor	Rahul MITAL
Group Art Unit	3748
Examiner Name	Diem T. Tran
Attorney Docket Number	8317-18/FG-4476-CON

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify):

☐ Deposit Account: Deposit Account Number **23-3030** Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

See PTO 2038 Form

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	350	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
38	- 31 or HP = 7	x 50	= (\$) 350			
(HP = highest number of total claims paid for, if greater than 20)						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
8	- 5 or HP = 3	x 200	= (\$) 600			
(HP = highest number of independent claims paid for, if greater than 3)						
				350	\$	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/ 50	= (round up to a whole number) x		
			0	0

4. OTHER FEE(S)

Non-English Specification.

Other: Fee to Record Assignment

SUBMITTED BY:

Name (Print/Type):	James M. Durlacher	Registration No.:	28,840	Telephone:	(317) 634-3456
Signature:	<i>James M. Durlacher</i>	Date:	June 24, 2005		

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Sandra L. Stitz	Date	June 24, 2005
Signature	<i>Sandra L. Stitz</i>		

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8317-18/JMD:#350971

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)
Rahul MITAL, et al.) Before the Examiner
Serial No. 10/651,055) Diem T. Tran
Filed August 28, 2003) Group Art Unit 3748
Adsorber Aftertreatment System) June 24, 2005
Having a Bypass Pathway)

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on
June 24, 2005

(Date of Deposit)

James M. Durlacher

Name of Registered Representative

James M. Durlacher
Signature

June 24, 2005

Date of Signature

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated June 6, 2005, please enter the following
amendments and remarks in the above-identified patent application.

Please provide any extensions of time which are required and charge any
additional fees which may be due or credit any overpayments to Deposit Account No.
23-3030.

Amendment Response
Serial No. 10/651,055 Group Art Unit 3748
Atty. Docket No. 8317-18/FG-4476-CON
Page 1 of 15